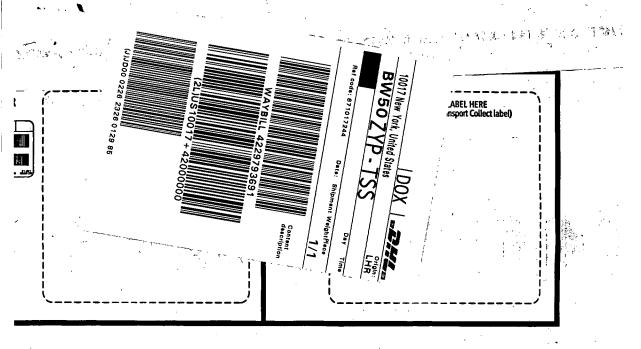
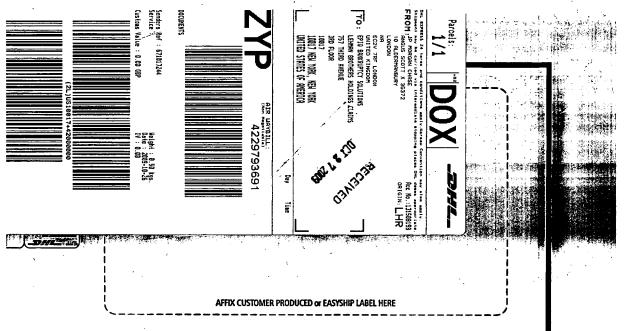
EXHIBIT B

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
		Lehman Brother	hern District of New York rs Holdings Inc., Et Al. 555 (JMP) 0000049786
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on http://www.lehman-docket.com as of July 17, 2009			
Name and address of Creditor: (and na Creditor) J.P. MoRGAN S	me and address where notices should be SECURITIES LTD DALL, LONDON ECZ		Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:
44 207 325 5372 Telephone number:	LON_EQU_ CORPORATE_AC Email Address: JPMOR	TIONS O	(If known) Filed on:
Name and address where payment show	ald be sent (if different from above)		Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number:	Email Address:		
and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States and ollars; using the exchange rate as applicable on September 15, 2008. If you are filling this claim with respect to more than one Lehman Programs Security to which this claim relates: Amount of Claim: \$ 6, 805, 724.39 (Required)			
3. Provide the Clearstream Bank Block appropriate (each, a "Blocking Number from your accountholder (i.e. the bank, than one Lehman Programs Security, y relates.	ing Number, a Euroclear Bank Electron ") for each Lehman Programs Security broker or other entity that holds such se ou may attach a schedule with the Block Euroclear Bank Electronic Instructi	ic Reference Number, or other of for which you are filing a claim ecurities on your behalf). If you king Numbers for each Lehman on Reference Number and or	
4. Provide the Clearstream Bank, Euror you are filing this claim. You must acc	clear Bank or other depository participal puire the relevant Clearstream Bank, Eurother entity that holds such securities on	nt account number related to you roclear Bank or other depository your behalf). Beneficial holder	ar Lehman Programs Securities for which participant account number from your resistant account of their personal account 95724
TOP COLUMN 1977 CANAL			
consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.			
of the creditor or oth number if different f	son filing this claim must sign it. Sign as the person authorized to file this claim as from the notice address above. Attach common — RILHAM HAMEN.	nd state address and telephone py of power of attorney, if	OCT 27 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			





ISE PLACE AIR WAYBILL IN POUCH WITH THE BAR CODE AT THE TOP